

**QUESTIONS TO ASK YOUR INSURANCE COMPANY**

Health insurance policies are an agreement between you and your insurance company. To help you understand what coverage you can expect in relationship to outpatient psychotherapy (counseling), call your insurance company and ask the below questions. You may be asked for the following identifying information:

Provider's License Number: I.1901660    Provider's Tax ID: 82-2550192    Provider's NPI: 1134645161

Date of call: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Does my policy cover outpatient psychotherapy?    Yes    No

Does my policy require pre-certification or pre-authorization for treatment?    Yes    No

If YES, how many visits will be pre-certified? \_\_\_\_\_

What are the effective dates of the authorization? \_\_\_\_\_

What is the authorization number? \_\_\_\_\_

What is the address my provider will use to mail my claim forms?

\_\_\_\_\_  
\_\_\_\_\_

Does my policy require a referral from a doctor within my network?    Yes    No

Do I have to choose a mental health provider within my network?    Yes    No

If No, do I have out of network benefits?    Yes    No

What are my out of network benefits? \_\_\_\_\_

Are there limits to my coverage?    Yes    No

If Yes, what are those limits? Do I have an out-of-network deductible?

\_\_\_\_\_

What is my total deductible? \_\_\_\_\_ Is that yearly?    Yes    No

Has it been met?    Yes    No    If yes, how much has been met? \_\_\_\_\_

On what date does the deductible begin?

\_\_\_\_\_

Are there separate deductibles for physical and mental health?    Yes    No

Are there limits to the number of visits allowed?    Yes    No

If Yes, how many visits are allowed per year? \_\_\_\_\_

Is this per calendar year or contract year? \_\_\_\_\_

Do I have co-pay or a co-insurance payment?    Yes    No

If yes, how much is it or what is the percentage per visit?

\_\_\_\_\_